

# STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 28 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) MACK A. LAMBERT
II. Name of lobbyist's partnership, firm or corporation, if any:
UNITIL GEPORATION (Name of partnership, firm or corporation)
Business Address: (Street) (Town/City) (State) (Zip Code)
(63) 773,6470 (63) 173,6670 e-mail LAMBERT QUNITIL. COM
III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
UNITIC CORPORATION
(Full Name of Client as it appears on the Lobbyist Registration Form)
OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
amorace to any particular criticis.
IV. Date of Report April 26, 2017  Reports cover: activity from date of registration to 3/31/17  April 26, 2017  July 26, 2017  Activity from 4/1/17 to 6/30/17
October 25, 2017   January 31, 2018   January 31, 2018
activity from 7/1/17 to 9/30/17 activity from 10/1/17 to 12/31/17
V. There have been no fees received and no reportable transactions made since the last report.  If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  [J26/17] [Date]
MARK LAMBERT (Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE

### **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

11. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client UNITIL CORPORATION	7/2/2
III. Name of Client UNITE CORTORATION	Date 7/26/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations servi
a) Total of all fees received in this reporting period	a)\$ 8,250
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar)	b) \$ <b>O</b>
c) Total of all fees received to date (Add lines a and b)	c) \$ 8,250
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$O
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expensed individual expenses where the expenditure was of \$25.00 or less (for example, lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbic (c) an itemized statement of each individual expenditure made during this repeating purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made may be filed for the lobbyist(s)/file aggregate total of all expenses pexpenses; (b) the aggregate total of ole: meals purchased during a busin ess than \$10 that is given to the persed with a value of \$25.00 or less); a corting period of greater than \$25.00 uc of greater than \$25, purchase of the state of \$25, but not greater than \$35, expense reimbursement, or political aggregate than \$35.00 uc of greater than \$35, expense reimbursement, or political aggregate than \$35.00 uc of greater than \$35.0
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$5,39/
o) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$_ <i>5,39/</i>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <i>O</i>
f) Total of all expenses year to date	ns <u>5,391</u>
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	obbying fees during this reportin
Paid to:	Amount:
<u> </u>	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing informat
Mal Huntad	7-26-17
(Signature of lobby st)	7-26-17 (Date)
MARK LAMBERT	
(Print Name of lobbyist)	

# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) MARK LAMBER	et
II. Name of lobbyist's partnership, firm or corp	poration, if any:
UNITIC CORPORATION (Name of partnership, finn or corporation)	
	7/2/2
III. Name of Client UnITIL CARBRAT	Date 7/26/17
Political Contributions For each political contribution that is reportable p client/lobbyist and lobbying firm, indicate the fol	pursuant to RSA Chapter 664 paid on behalf of the llowing:
_	
Full name of candidate: COUNTTEE TO (Last Name)	(First Name) (Middle Name/Initial)
	Office Candidate is Seeking NH House
If the contribution is an in-kind contribution, provide	a description of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line aboventer an estimated value and the word "estimate."	ve for amount of contribution. If the actual cost is not known,
Full name of candidate: NH DEUCCATS (Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$ 1,000	Office Candidate is Seeking NH SENATE
<del></del> .	
actual cost of the in-kind contribution on the line above	a description of the goods or services provided, and enter the ve for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	
Full name of candidate: SENATE REPUB	BLICAN MAJORITY PAC
(Last Name)	_
Amount of contribution \$ 1,000	Office Candidate is Seeking NH SEVATE



# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	MARK LAMBE	ERT	1
II. Name of lobbyist's part			
DUITIL GORDA	Hom		
UNITIC College (Name of party	_		/ .
III. Name of Client UN (	TIL CORBRATI	וסיו	Date 7/26/17
Political Contributions For each political contribut client/lobbyist and lobbying		pursuant to RSA Chap	ter 664 paid on behalf of the
Full name of candidate: E	RIENOS OF	JEB BRADLEY (First Name)	(Middle Name/Initial)
			Seeking NH SENATE
Amount of contribution \$	20	Office Candidate is	S Seeking MA OENA I E
enter an estimated value and the state of the state of candidate:		(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	ribution on the line abo	a description of the good ve for amount of contribu	ls or services provided, and enter the ution. If the actual cost is not known,
·			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name)	(Middle Name/Initial) Seeking

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<b>зерагате ас</b>	addendum C forms.)	
r affirm t	m that the foregoing	g infori
	7-26,17	
-	(Date)	
-		7-26,17 (Date)

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Client (leave bl		-	corporation and not related to any
Date of Report (check of	ne):		
April 26, 2017 🗆	July 26, 2017	October 25, 2017 🗆	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of m			nt and each Addendum is true and
Mul IIII			7-26-17 (Date)
(Signature of lobbyist)	i file		(Date)
MACK LAMBER (Print Name of Johnvist)	et		